



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1221097
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1221097

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CMI - OTTAWA

113 East 1st

Ottawa, KS 66067

Phone : (785) 242-1572 Fax : (785) 242-0929

CMI

113 E FIRST ST

OTTAWA KS 66067

785-242-1572

MERC # 0000001613465

TERM ID: 00073888 0001

6

PM Date Printed: 06/18/2014 at 02:42:04 PM

06/18/14

02:40P

*****0479

U

EXP: *****

SALE REF#: 0006

BATCH# 049 AUTH# 034700

AMOUNT \$434.62

s (8.75%)

Account # 3077

Ordered By :

PO #

ShipTo

Cash Sale

113 E 1st

Ottawa KS 66067

APPROVED

CUSTOMER COPY

1 1 EA

QRP

Item Number	Description	List Price	Unit Price	Extended
	PORTLAND 94# TYPE1	12.66	10.9900	384.65
	QUICKRETE PALLETS	15.00	15.0000	15.00

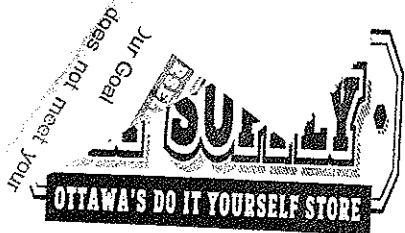
SV25

Cash :	\$0.00	Check :	\$0.00	Credit Card :	\$434.62	On Account :	\$0.00
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Credit Card : XX4700

Thank You

Sub Total :	\$434.62
Discount :	\$0.00
Deposit :	\$0.00
Tax (8.75%) :	\$34.97
Shipping :	\$0.00
Total :	\$434.62
Tendered :	\$434.62
Change Due :	\$0.00
Amount Due :	\$0.00



DIY SUPPLY Ottawa #2107
 2204 S PRINCETON CIRCLE DR
 OTTAWA, KS 66067

PHONE: (785) 242-8200

PAGE NO 1

CUSTOMER COPY

CUST NO: 901210 JOB NO: 000 PURCHASE ORDER:

REFERENCE:

TERMS: CASH/CHECK/BANKCARD

CLERK: 9JAR

DATE / TIME: 6/3/14 10:46

TERMINAL: 905

SOLD TO:
 UTAH OIL
 2394 UTAH RD

SHIP TO:
 SPRATT/LAURENCE

GRAND TOOL KS 66079
 785-241-3923

TAX: 090 OTTAWA SALES TAX

INVOICE: B67690

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/ PER	EXTENSION
1	35	35	EA	1290915	PORTLAND CEMENT 94LB		35	9.45 /EA	330.75
2	1	1	EA	5040001	MFG part# 1124-94 PALLET QUIKRETE MFG part# Q PALLET		1	20.00 /EA	20.00

** PAID IN FULL **

343.29

TAXABLE 350.75
 NON-TAXABLE 0.00
 SUBTOTAL 350.75
 TD DISCOUNT -35.08

TAX AMOUNT 27.62

TOTAL 343.29

BANKCARD PAYMENT
 BKCRD# XXXXXXXXXXXX6558

343.29



TOT WT: 3290.00
 MID: 000006618409

APP: 011633 XR: 167690

X

Received By _____

SV-25

LEASE NAME: Van Tyle OPERATOR: Utah O.I.
 WELL #: SV-25 LOCATION: Miami
 SURFACE PIPE: 7" Ft. 20.10' Cement (#bags) 5
 PRODUCTION: N/A PIPE: _____ SIZE: _____ =FT

START DATE: 6-18-14
 APL: 15-121-30442

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
6	Soil/clay		6	4	Coal		389
23	Lime		29	22	Shale		411
4	Shale		33	4	Coal		415
3	Coal		36	21	Shale		436
2	Shale		38	2	Lime		438
19	Lime		57	9	Shale		447
5	Coal		62	8	Oil Sand	Broken Very Little Bleed	455
2	Lime		64	6	Shale	TD	461
5	Shale		69				
6	Lime		75				
3	Shale		78				
4	Lime	KC	82			"TD 461"	
9	Shale		91			Waylon	
12	Brown Sand	Little Bleed	103			Plugged Well	
6	Shale	Broken Grey Sand No Show	109				
90	Shale		199				
4	Lime		203				
34	Shale		237				
5	Lime		242				
42	Shale		284				
4	Lime		288				
9	Shale		297				
6	Lime		303				
7	Shale		310				
8	Lime		318				
17	Shale		335				
3	Lime		338				
7	Coal		345				
2	Lime		347				
9	Shale	Broken Grey Sand No Show	356				
15	Lime		371				
9	Shale		380				
2	Lime		382				
2	Shale		384				
1	Lime		385				